

LEGISLATIVE FACT SHEET

DATE: 01/04/23

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Office of Grants and Contract Compliance
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: _____

Provide Name: Kendra Mervin

Contact Number: 255-5026

Email Address: kmervin@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

Requesting to decrease maximum indebtedness of the direct appropriation contract between the City of Jacksonville and Bridges to the Cure, LLC from \$865,000 to \$360,417 and reallocate remaining funds of \$504,583 to The Potter's House Community Development Empowering Center, Inc.; thereby increasing its Cure Violence contract's maximum indebtedness to \$1,369,583, no term change. The Bridges to the Cure, LLC FY2023 contract terms will be amended FROM October 1, 2022 through September 30, 2023 TO October 1, 2022 through February 28, 2023. With the funding increase, The Potter's House Community Development Empowering Center, Inc. will expand services and the continued implementation of the Cure Violence model in Northwest and North Jacksonville effective March 1, 203 through September 30, 2023.

APPROPRIATION: Total Amount Appropriated \$504,583.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Fundin	From: JXMA Mayors Cure Violence Program	Amount: \$504,583.00
	To: JXMA Mayors Cure Violence Program	Amount: \$504,583.00
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

Requesting to decrease maximum indebtedness of the direct appropriation contract between the City of Jacksonville and Bridges to the Cure, LLC from \$865,000 to \$360,417 and reallocate remaining funds of \$504,583 to The Potter's House Community Development Empowering Center, Inc.; thereby increasing its Cure Violence contract's maximum indebtedness to \$1,369,583, no term change. The Bridges to the Cure, LLC FY2023 contract terms will be amended FROM October 1, 2022 through September 30, 2023 TO October 1, 2022 through February 28, 2023. With the funding increase, The Potter's House Community Development Empowering Center, Inc. will expand services and continue implementation of the Cure Violence model in Northwest and North Jacksonville effective March 1, 2023 through September 30, 2023. Additionally, requesting that the amended Bridges to the Cure, LLC contract contain the standard termination for convenience clause.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? Office of Grants and Contract Compliance <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. 2022-504E <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

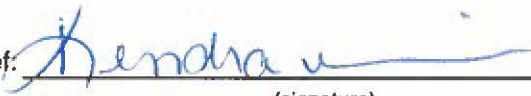
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?


Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating Monthly Financial Reporting and quarterly Program Reporting

Division Chief: 
(signature)

Date: 1/4/2023

Prepared By: 
(signature)

Date: 1/4/2023

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: Patrick "Joey" Greive, Director, Finance and Administration Department
(Name, Job Title, Department)

Phone: 255-5354

E-mail: pgreive@coj.net

From: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

Primary Contact: Kendra Mervin, Grant Administrator, Office of Grants and Contract Compliance
(Name, Job Title, Department)

Phone: 255-5026

E-mail: kmervin@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5006

E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
Phone: 904-255-5062 E-mail: mstaff@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: **Yes** **No**

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED